

# **Indiana Family and Social Services Administration Division of Mental Health and Addiction**

## **Performance Measure Definitions**



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**Indiana Family and Social Services Administration  
Division of Mental Health and Addiction**

**Performance Measure Definitions**

**Table of Contents**

Introduction to Performance Measures and Definitions .....	3
Data Considerations and Definitions .....	4
Outcome Measure Definitions .....	7
Employment SMI.....	7
Employment CA .....	9
Housing SMI.....	11
Housing CA .....	13
Living Situation Youth .....	15
Criminal Justice Involvement SMI and CA.....	17
Retention in Treatment CA.....	19
Decrease in Use CA .....	21
Process Measure Definitions.....	24
Adults Served SMI Low Functioning .....	24
Adults Served SMI Moderate Functioning .....	26
Adults Served SMI High Functioning .....	28
Adults Served CA Low Functioning.....	30
Adults Served CA High Functioning.....	32
Youth Served SED and CA.....	34
Reassessment (Adults) .....	36
Reassessment (Youth).....	38
Timely and Complete Data .....	40
Version Changes .....	42

## **Introduction to Performance Measures and Definitions**

The performance measures contained in this document will be utilized by DMHA in Performance Based Contracting with DMHA certified providers of mental health and/or addiction services in Indiana. The measures have been developed through the Relationship Management business model which utilizes a consensus process between DMHA and the provider organizations.

The Outcome Measures are designed around a service delivery system based on episodes of care. An episode of care is defined as the initiation of services through the discharge from services. At the beginning of services, an assessment will be completed for each consumer. This is the admission assessment. Depending upon the length of services, one or more reassessments will be completed at 180 day intervals. A reassessment is also required at the time of discharge. If the episode of care extends for six or more months, a reassessment is required at the end of each six months of treatment. Providers may perform reassessments more frequently based on the needs of the consumer and policies developed that are provider specific and/or performance measure specific.

Reassessments during state fiscal year 2008 will be different for children/adolescents and adults for both mental health and addiction services. For adults, the admission assessment will continue to be the HAPI-A, and the reassessment will be as defined in CSDS. For children/adolescents receiving mental health and/or addiction services, all assessments and reassessments will use the Child and Adolescent Needs and Strengths (CANS) tools.

Consumers will be registered (previously called enrollment) in the Community Services Data System at the time of first contact with a provider and/or when a consumer is determined to be eligible for registering with DMHA. Registration information requirements for state fiscal year 2008 will be included in the 2008 CSDS Manual and are similar to current requirements. This data may be updated at any time as the information becomes outdated.

Please note these measures are a starting place for Performance Based Contracting in SFY 08. The majority of the outcome measures are based on your (each provider's) prior performance and not compared to other providers. This first year will be one of gathering baseline information and reviewing data for future development of thresholds/benchmarks. We anticipate that future years will utilize benchmarks across all providers,

## **Data Considerations and Definitions State Fiscal Year 2008**

### **Databases**

***Community Services Data System (CSDS):*** Community mental health and community addiction services data is collected in a statewide database known as the CSDS. The Registration/Demographic/Outcomes Data Set (prior to SFY 2007 known as the Enrollment Record Layout) plus the Encounter/Service Record comprise the data record for each individual served by the community system.

***Indiana Behavioral Health Assessment System (IBHAS):*** Assessment records are/will be contained in the IBHAS database. For SFY 2008, only the child and adolescent assessment record will be submitted to this database. Adult assessments, based on the HAPI-A, will be entered through CSDS with the first submission during SFY 2008 of the Registration/ Demographic/Outcomes Data Set. The current plan is that most, if not all, assessment information will be submitted to the IBHAS database beginning in SFY 2009.

**How Community Data is Collected:** Mental health services and addiction services providers under contract with the Division of Mental Health and Addiction obtain financial, demographic, diagnostic, and level of functioning information about persons requesting services. If the individual meets DMHA eligibility criteria, the individual is registered (enrolled) in services and the data is entered into the Community Services Data System (CSDS). When an individual who is registered in CSDS requests services, an episode of care begins with an admission date entered into CSDS. The episode of care ends with a discharge date entered into CSDS. A consumer may have multiple episodes of care during a fiscal year or may have an episode of care that crosses multiple fiscal years. These data elements may be collected by provider's support and/or clinical staff then submitted to their information services section for re-coding and actual entry into both the local database and the state database.

**Source of Data for Outcome Indicators:** Data will be current CSDS data set. The admission assessment will be the first time point. The second time point for measurement will be the data from the most recent reassessment for any reason subsequent to the admission assessment. Reassessment data may be reported multiple times during the episode of care but the data from the reassessment closest in time to measurement are the data that will be used in the calculation.

**Source of Data for Services Provided:** Mental health services providers under contract with the Division of Mental Health and Addiction provide encounter records for each person served during the fiscal year. The encounter record contains the procedure code (service provided), beginning date and ending date for the encounter, the number of encounter units and the encounter value. A valid encounter record must contain the number of encounter units (this field cannot have a null value).

## Definitions for Terminology used in this Manual

<b><i>Adult</i></b>	person aged 18 and over
<b><i>Youth</i></b> disturbance	person aged 0 through 17 – may have a serious emotional or an addiction
<b><i>SMI</i></b>	adult person with serious mental illness including those with co-occurring mental illness and addiction
<b><i>CA</i></b>	person with addiction/substance abuse
<b><i>SED</i></b>	youth with serious emotional disturbance
<b><i>Program</i></b>	in this manual, each definition has been assigned a program identification which is not the equivalent of the agreement codes in CSDS. The program identifiers fall within three essential categories: SMI, Adult CA, or Youth (SED or CA) as defined above.
<b><i>Agreement Code</i></b>	CSDS agreement identification codes are used to identify level of functioning. Prior to SFY 2008, the agreement identification code determined the annual HAP funding for the consumer. Beginning in SFY 2008, the agreement identification code will be used to determine level of functioning (high, moderate, low) for numbers of adults served within the context of performance measurement. Agreement codes for ACT, SOF, Deaf (DGM, DED, DMI, DCA), GAM, SPL, and Methadone (SMO) will continue to be used for those “carved-out” services.
<b><i>Admission or Initial Assessment</i></b>	the first assessment record for an episode of of continuous care. New Registration/Demographic/Outcomes data sets will be required for all consumers receiving services in SFY 2008. The first set of data submitted on the Registration/ Demographic/Outcomes record will be operationally defined as the admission or initial assessment. Whenever a discharge code is entered into CSDS for the consumer, subsequent services will begin a new “episode of care” and, thus, require submission of a new admission assessment (Registration/Demographic/Outcomes data set).
<b><i>Reassessment</i></b>	any assessment data submitted following the admission or initial assessment. Reassessments are required upon discharge from treatment when, in the clinical staff’s opinion, there is sufficient documentation to update the assessment record. Reassessments

are required every 6 months during continuous treatment, that is, the consumer has not been discharged from treatment. For youth, with serious emotional disturbance or an addiction, the CANS is required at admission to an episode of care and a CANS reassessment is required as needed but at least every 6 months.

***Registration***

the process of creating a data set within CSDS for a specific consumer. Beginning in SFY 2008, each person receiving services through the Managed Care Providers will be registered into the CSDS system and will be considered an active consumer while receiving services or an inactive consumer if discharged by each provider of services.

**Indiana Family and Social Services Administration  
Division of Mental Health and Addiction**

**Outcome Measure Definitions**

**Employment SMI**

**Short Title:** Increased/Retained Employment

**Program:** SMI

**Long Title:** Percentage of adults with serious mental illness whose employment status remains the same or improves from the admission assessment for the episode of care to the most recent reassessment

**Definition:** Employment is defined as paid work. The amount of time each week that a consumer works further defines the employment status. The data elements for employment status in the Community Services Data System (CSDS) Manual are:

1. Full-time: working 35 or more hours per week.
2. Part-time: working 20 or fewer hours per week.
3. Unemployed: looking for work during the last 30 days or laid off from a job. \*
4. Not In Labor Force: not looking for work during the last 30 days or homemaker, student, disabled, retired or in an institution.
5. Less than full-time: working 21 to 34 hours per week.

The performance measure for Increased/Retained Employment, requires two data sets, one at the beginning of the episode of treatment and another at discharge or each six months of services. Employment status is ranked from most active to least active as follows:

1. Full-time
2. Less than full time
3. Part-time
4. Unemployed

To be counted as increased employment, the employment status at reassessment will be at a higher ranking than at the admission assessment. To be counted as retained employment, the employment status at reassessment will be the same ranking as the admission assessment.

**Purpose/Importance:** Employment has historically been a challenge for adults with serious mental illness. For many of these consumers, obtaining or maintaining employment is a step on their recovery journey, and is, therefore, a major life goal.

**Measure Specific Source of Data:** Data will be current CSDS data set for Employment. Not in Labor Force or Unknown at either the beginning of the episode of treatment or at the time of reassessment or discharge is not counted in the measurement.

**Method of Calculation:**

The numerator is: Number of adults with mental illness whose employment status at the time of the reassessment (discharge or other reason such as a six month reassessment) is the same as the admission assessment employment status plus the number of adults with mental illness whose employment status at the time of the reassessment is higher than the ranking at the admission assessment.

The denominator is: Number of adults with mental illness who have an admission assessment and a reassessment due to discharge or any other reason.

$$\frac{\text{Number with same employment status} + \text{Number with higher employment ranking}}{\text{Number with reassessment data}}$$

Converted to a percentage

Calculations will be performed for each provider submitting data to CSDS.

**Target:** The state fiscal year 2008 target performance for each provider will be equal to or greater than the provider performance in state fiscal year 2007.

**Data Limitations:** Many economic factors affect the availability of jobs in a community and may affect the availability of jobs for persons with mental illness. The data in CSDS does not take into account these economic factors.

**Future Considerations Recommended:** Employment status should be expanded to add 1 to 2 less than part-time increments (i.e., 1 to 5 hours per week, 6 to 12 hours per week, and 13 to 20 hours per week). An added status for volunteer work should also be added.

Retained employment status for persons who are unemployed but looking for work possibly reflects ineffective treatment. In future fiscal years, this measure should be revised to calculate improved employment status only.



**Indiana Family and Social Services Administration  
Division of Mental Health and Addiction**

**Outcome Measure Definition**

**Employment CA**

**Short Title:** Increased/Retained Employment

**Program:** CA Adults

**Long Title:** Percentage of adults with alcohol and/or substance abuse diagnoses whose employment status remains the same or improves from the admission assessment for the episode of care to the most recent reassessment

**Definition:** Employment is defined as paid work. The amount of time each week that a consumer works further defines the employment status. The data elements for employment status in the Community Services Data System (CSDS) Manual are:

1. Full-time: working 35 or more hours per week.
2. Part-time: working 20 or fewer hours per week.
3. Unemployed: looking for work during the last 30 days or laid off from a job. \*
4. Not In Labor Force: not looking for work during the last 30 days or homemaker, student, disabled, retired or in an institution.
5. Less than full-time: working 21 to 34 hours per week.

The performance measure for Increased/Retained Employment, requires two data sets, one at the beginning of the episode of treatment and another at discharge or each six months of services. Employment status is ranked from most active to least active as follows:

1. Full-time
2. Less than full time
3. Part-time
4. Unemployed

To be counted as increased employment, the employment status at reassessment will be at a higher ranking than at the admission assessment. To be counted as retained employment, the employment status at reassessment will be the same ranking as the admission assessment.

**Purpose/Importance:** Employment has historically been a challenge for adults with the most serious alcohol and/or substance abuse disorders. For many of these consumers, obtaining or maintaining employment is a step on their recovery journey, and is, therefore, a major life goal.

**Measure Specific Source of Data:** Data will be current CSDS data set for Employment. Not in Labor Force or Unknown at either the beginning of the episode of treatment or at the time of reassessment or discharge is not counted in the measurement.

**Method of Calculation:**

The numerator is: Number of adults with addiction whose employment status at the time of the reassessment (discharge or other reason such as a six month reassessment) is the same as the admission assessment employment status plus the number of adults with addiction whose employment status at the time of the reassessment is higher than the ranking at the admission assessment.

The denominator is: Number of adults with addiction who have an admission assessment and a reassessment due to discharge or any other reason.

$$\frac{\text{Number with same employment status} + \text{Number with higher employment ranking}}{\text{Number with reassessment data}}$$

Converted to a percentage

Calculations will be performed for each provider submitting data to CSDS.

**Target:** The state fiscal year 2008 target performance for each provider will be equal to or greater than the provider performance in state fiscal year 2007.

**Data Limitations:** Many economic factors affect the availability of jobs in a community and may affect the availability of jobs for persons with mental illness. The data in CSDS does not take into account these economic factors.

**Future Considerations Recommended:** Employment status should be expanded to add 1 to 2 less than part-time increments (i.e., 1 to 5 hours per week, 6 to 12 hours per week, and 13 to 20 hours per week). An added status for volunteer work should also be added.

Retained employment status for persons who are unemployed but looking for work possibly reflects ineffective treatment. In future fiscal years, this measure should be revised to calculate improved employment status only.

**Indiana Family and Social Services Administration  
Division of Mental Health and Addiction**

**Outcome Measure Definition**

**Housing SMI**

**Short Title:** Stability in Housing (Reduced Homelessness)

**Program:** SMI

**Long Title:** Percentage of adults with serious mental illness who were reported as homeless at the admission assessment in the episode of care who are reported as not homeless at most recent reassessment.

**Definition:** Homeless is to be defined as:

Alone or with family, a person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residence is (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodation of 3 or less months, (b) an institution that provides a temporary residence for individuals intended to be institutionalized, or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

The performance measure for Stability in Housing, requires two data sets, one at the beginning of the episode of care and another at discharge or following each six months of services if the consumer has not been discharged. To be counted as reduced homelessness, the admission assessment of Living Arrangement will be “homeless” and the reassessment Living Arrangement will be a status other than “homeless”.

**Purpose/Importance:** Homelessness has historically been an issue for some adults with serious mental illness who have difficulty obtaining and keeping stable housing. For many of these consumers, obtaining or maintaining stable housing is a step on their recovery journey, and is, therefore, a major goal.

**Measure Specific Source of Data:** Data will be current CSDS data set for Living Arrangement. Unknown at either the beginning of the episode of treatment or at the time of reassessment or discharge is not counted in the measurement.

**Method of Calculation:**

The numerator is: Number of adults with mental illness who are reported as homeless at the time of the admission assessment during the current episode of care and who are reported as not homeless at the time of the reassessment (discharge or other reason such as a six month reassessment).

The denominator is: Number of adults with mental illness who are reported as homeless at the time of the admission assessment during the current episode of care.

Number of persons with mental illness who are homeless at admission assessment who  
are not homeless at reassessment

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Number homeless at admission assessment

Converted to a percentage

Calculations will be performed for each provider submitting data to CSDS.

**Target:** The state fiscal year 2008 target performance for each provider will be equal to or greater than the provider performance in state fiscal year 2007.

**Data Limitations:** Work group concern: The target for this measure will be provider specific to account for geographic differences and other population considerations. If target is not met, providers may be asked for an explanation of variance, for example if a organization received money to implement a program that targeted the homeless an increase in homeless population served might be seen, therefore skewing the numbers.

**Future Considerations Recommended:** The current definition does not address persons who may become homeless during the treatment episode. The change from not homeless to homeless status could become a separate measure, or a ratio between those who had a positive change in homelessness and those who had a negative change in homelessness could be measured.

The issue of housing stability is broader than homelessness. For outcome measurement, decisions about appropriateness of housing will need to be made. For example, a living arrangement of Inpatient or Living Under Correctional Order or Incarcerated would be considered less stable than Residential Facility, Supported Living, or Independent Living. Independent Living, although generally thought to be the preferred arrangement, may be unstable when the consumer relocates every few months. Future discussions regarding Housing Stability will need to consider multiple factors related to stability.

**Indiana Family and Social Services Administration  
Division of Mental Health and Addiction**

**Outcome Measure Definition**

**Housing CA**

**Short Title:** Stability in Housing (Reduced Homelessness)

**Program:** CA Adults

**Long Title:** Percentage of adults with alcohol and/or substance abuse disorders who were reported as homeless at the admission assessment in the episode of care who are reported as not homeless at most recent reassessment.

**Definition:** Homeless is to be defined as:

Alone or with family, a person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residence is (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodation of 3 or less months, (b) an institution that provides a temporary residence for individuals intended to be institutionalized, or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

The performance measure for Stability in Housing, requires two data sets, one at the beginning of the episode of care and another at discharge or following each six months of services if the consumer has not been discharged. To be counted as reduced homelessness, the admission assessment of Living Arrangement will be “homeless” and the reassessment Living Arrangement will be a status other than “homeless”.

**Purpose/Importance:** Homelessness has historically been an issue for some adults with addiction disorders who have difficulty obtaining and keeping stable housing. For many of these consumers, obtaining or maintaining stable housing is a step on their recovery journey, and is, therefore, a major goal.

**Measure Specific Source of Data:** Data will be current CSDS data set for Living Arrangement. Unknown at either the beginning of the episode of treatment or at the time of reassessment or discharge is not counted in the measurement.

**Method of Calculation:**

The numerator is: Number of adults with addiction who are reported as homeless at the time of the admission assessment during the current episode of care and who are reported as not homeless at the time of the reassessment (discharge or any other reason such as a six month reassessment).

The denominator is: Number of adults with addiction who are reported as homeless at the time of the admission assessment during the current episode of care.

Number of persons with addiction who are homeless at admission assessment who are  
not homeless at reassessment

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Number homeless at admission assessment

Converted to a percentage

Calculations will be performed for each provider submitting data to CSDS.

**Target:** The state fiscal year 2008 target performance for each provider will be equal to or greater than the provider performance in state fiscal year 2007.

**Data Limitations:** The number of reassessments submitted for persons with serious alcohol and/or substance abuse disorders who are also homeless at the beginning of a treatment episode is very low. These individuals tend to be somewhat resistant to engagement in treatment services and have a high incidence of not following through with treatment.

Work group concern: The target for this measure will be provider specific to account for geographic differences and other population considerations. If target is not met, providers may be asked for an explanation of variance, for example if a organization received money to implement a program that targeted the homeless an increase in homeless population served might be seen, therefore would skewing the numbers.

**Future Considerations Recommended:** The current definition does not address persons who may become homeless during the treatment episode. The change from not homeless to homeless status could become a separate measure, or a ratio between those who had a positive change in homelessness and those who had a negative change in homelessness could be measured.

The issue of housing stability is broader than homelessness. For outcome measurement, decisions about appropriateness of housing will need to be made. For example, a living arrangement of Inpatient or Living Under Correctional Order or Incarcerated would be considered less stable than Residential Facility, Supported Living, or Independent Living. Independent Living, although generally thought to be the preferred arrangement, may be unstable when the consumer relocates every few months. Future discussions regarding Housing Stability will need to consider multiple factors related to stability.

**Indiana Family and Social Services Administration  
Division of Mental Health and Addiction**

**Outcome Measure Definition**

**Living Situation Youth**

**Short Title:** Improved Living Situation

**Program:** All Youth (SED or CA)

**Long Title:** Percentage of youth ages 0 through 17 with serious emotional disorder or substance use disorder who have an admission ROLES assessment of Homeless, Residential Treatment Center, Medical Hospital, Psychiatric Hospital, State Hospital, Juvenile Detention Center/Youth Correctional Center or Jail/Prison whose ROLES reassessment is Independent, Biological Family, School Dormitory, Relative's home/adoptive home/home of a friend, Supervised Independent Living, Foster Care, Therapeutic Foster Care, Individual home/group Emergency Shelter, or Group Home

**Definition:** Living Situation for youth will be defined by the ROLES assessment at admission and discharge or other ROLES reassessment, such as a six months reassessment. The ROLES measures the restrictiveness of the youth's living situation. The level of restrictiveness is determined by the degree to which individuals are free in the physical facility (use of locks, privacy of bathing), the degree to which rules and requirements infringe on freedom, and voluntariness with which youth enter or leave the setting. Although homeless youth have significant freedom, the lack of safety places this status in the restricted category.

**Purpose/Importance:** Stability in housing is one critical factor affecting a youth's adjustment and social, emotional, behavioral health.

**Measure Specific Source of Data:** Data will be current CSDS data set for ROLES.

**Method of Calculation:**

The numerator is: Difference between the number of youth aged 0 through 17 whose admission ROLES assessment is High Restrictive [Homeless (1), Residential Treatment Center (11), Medical Hospital (12), Psychiatric Hospital (13), State Hospital (14), Juvenile Detention Center/Youth Correctional Center (15) or Jail/Prison (16)] whose ROLES reassessment is Less Restrictive [Independent (2), Biological Family (3), School Dormitory (4), Relative's home/adoptive home/home of a friend (5), Supervised Independent Living (6), Foster Care (7), Therapeutic Foster Care (8), Individual home/group Emergency Shelter (9), or Group Home (10)].

The denominator is: Number of youth aged 0 through 17 with serious emotional disorder or substance use disorder who have any reassessment ROLES rating whose admission ROLES assessment is High Restrictive

Number of Youth with High Restrictive ROLES rating at admission whose ROLES  
rating at reassessment is Less Restrictive

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Number of Youth with any reassessment ROLES rating and an admission High  
Restrictive ROLES ratings

Converted to a percentage

Calculations will be performed for each provider submitting data to the CSDS database.

**Target:** The state fiscal year 2008 target performance for each provider will be equal to or greater than the provider performance in state fiscal year 2007.

**Data Limitations:** None noted

**Future Considerations Recommended:** The current definition does not address youth who may move into a more restrictive setting during the treatment episode. The change from less restrictive to more restrictive status could become a separate measure, or a ratio between those who had a positive change and those who had a negative change in could be measured.



**Indiana Family and Social Services Administration  
Division of Mental Health and Addiction**

**Outcome Measure Definition**

**Criminal Justice Involvement SMI and CA**

**Short Title:** Decreased Criminal Justice Involvement

**Program:** Adults SMI and CA

**Long Title:** Percentage of adults with serious mental illness and/or addiction disorders who, at the time of the admission assessment, reported being arrested within the 30 days prior to current treatment episode who also, at the time of reassessment, report fewer arrests since the beginning of treatment.

**Definition:** Criminal Justice Involvement is defined as any arrest by a law enforcement agency.

The performance measure for Criminal Justice Involvement requires two data sets, one at the beginning of the episode of treatment and another at discharge or each six months of services. To be counted as decreased criminal justice involvement, the admission assessment of Criminal Activity will be one or more arrests and the reassessment of Criminal Activity will be at least 1 less arrest than reported at the admission assessment.

**Purpose/Importance:** Involvement in the Criminal Justice System has historically been an issue for adults with serious mental illness and chronic addiction. For many of these consumers, reducing involvement in the Criminal Justice System is a step on their recovery journey, and is, therefore, a major life goal.

**Measure Specific Source of Data:** Data will be current CSDS data set for Criminal Activity.

**Method of Calculation:**

The numerator is calculated as follows:

For each adult in the data base with an admission assessment and a reassessment, subtract number of arrests on admission assessment from the number of arrests on reassessment.

The denominator is: Number of adults with an admission assessment and a reassessment who report one or more arrests at the time of the admission assessment during the current episode of care.

Group the results into three groups – negative difference (reduced arrests), zero difference (the same number of arrests) and positive difference (increased arrests).

$$\frac{\text{Number of adults with negative difference in number of arrests}}{\text{Number of adults with an initial assessment and a reassessment and one or more arrests at the time of the admission assessment}}$$

Converted to a percentage

Calculations will be performed for each provider submitting data to CSDS.

**Target:** The state fiscal year 2008 target performance for each provider will be equal to or greater than the provider performance in state fiscal year 2007.

The target for this measure will be based on all adults served and not specific to either persons with serious mental illness or persons with chronic addiction.

**Data Limitations:** The data for this measure is either self-reported by the consumer or reported by collateral/referral sources. The data that is reported for this measure is based on the federal SAPT block grant reporting requirements and may not be a true indication of criminal justice involvement.

**Future Considerations Recommended:** In order to measure levels of involvement with the criminal justice system, collecting data elements based on levels of involvement (Prison, Work-Release, Home Detention, Community Corrections, Probation, etc) for persons who have been convicted of criminal activity should be considered.

In the future, the zero difference and the positive difference referenced under Method of Calculation should be used to provide further analysis which would show percentage of persons with more arrests or no change in number of arrests subsequent to treatment services.

**Indiana Family and Social Services Administration  
Division of Mental Health and Addiction**

**Outcome Measure Definition**

**Retention in Treatment CA**

**Short Title:** Increased Retention in Treatment

**Program:** CA Adults

**Long Title:** Percentage of adult addiction clients served who are retained in treatment for 3 consecutive months with at least 3 services per month.

**Definition:** Retention is defined as remaining in treatment services over a period of time. For this measure, retention is further defined as having at least three separate encounters (services) on different days of the month for three consecutive months. An encounter is defined as a valid procedure code with a unit value (not a null value).

**Purpose/Importance:** Research studies have found that persons with addiction disorders who remain in services for six or more months have better sustainable outcomes, such as abstinence, than persons whose treatment is of shorter length. Historically, persons with addiction disorders tend to drop out of treatment within a few weeks and require repeated episodes of care. Improving the length of time in treatment for persons with addiction disorders should also improve overall outcomes for these consumers.

**Source of Data:** Data will be current CSDS encounter data set.

**Method of Calculation:**

In order to capture 3 months of data per consumer, the calculations will be performed during the fourth month following the month in which the consumer was admitted to an episode of care. Therefore, for all admissions during the month of July, the calculation will be performed in November, admissions in August will be calculated in December, etc. The first data point will be the date of admission for the episode of care. The second data point will be at least 90 days from the admission assessment.

The numerator is: Number of adults with addiction who have a minimum of 3 separate encounter records (on different days of the month) each month for three consecutive months.

The denominator is: Unduplicated number of adults with addiction who are admitted in the specified month (see above) and who have at least one encounter (a procedure code with a unit value) recorded in CSDS.

Number with 3 encounters for three consecutive months

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Number admitted

Converted to a percentage

Calculations will be performed for each provider submitting data to CSDS.

**Target:** The state fiscal year 2008 target performance for each provider will be equal to or greater than the provider performance in state fiscal year 2007.

**Data Limitations:** Some providers currently submit aggregated encounter records for a consumer and it is not possible to determine actual dates of services. All encounter data will have to be date specific (by day of the month) in order to calculate this measure.

**Indiana Family and Social Services Administration  
Division of Mental Health and Addiction**

**Outcome Measure Definition**

**Decrease in Use CA**

**Short Title:** Decreased Frequency of Use of Addictive Substances -- Adults

**Program:** CA Adults

**Long Title:** Percentage of adults with an addiction disorder who have either a reassessment or a discharge reassessment who report a reduced frequency of use of primary substance since beginning of treatment at most recent reassessment.

**Definition:** For purposes of performance measurement, addictive substances include only the following substances that may lead to abuse or dependence:

- Alcohol
- Cocaine/Crack
- Marijuana/Hashish
- Heroin
- Non-Prescription Methadone
- Other Opiates & Synthetics
- PCP
- Other Hallucinogens, Ketamine, or GHB/GBL (gamma-hydroxybutyrate, gamma-butyrolactone)
- Methamphetamine or Methylenedioxymethamphetamine
- Other Amphetamines
- Other Stimulants
- Benzodiazepine or Flunitrazepam
- Other Tranquilizers, Barbiturates, Other Sedatives or Hypnotics
- Inhalants

The performance measure for Decrease in Frequency of Use of Addictive Substance requires two data sets. The first data is reported at the beginning of the episode of treatment and second data set is reported at reassessment (at discharge or any other time a reassessment is completed such as after six months of services). To be counted as a decrease in use, the initial assessment must indicate a Primary Substance, Frequency of Use and the reassessment must indicate a lower frequency of use of the primary substance.

In determining primary substance abuse problems, clinical judgment will ultimately determine the degree of impairment that a substance has for an individual client. In determining the degree of impairment, the following considerations should be made: (1) pattern of drug involvement; (2) degree of present or past physical, mental, social

dysfunction caused by the substance and (3) degree of present or past physical or psychological dependence on drugs, regardless of the frequency of use of a specific drug.

**Purpose/Importance:** Diagnosing substance abuse/dependence is critical to recovery for individuals with SMI and CA. Substance use/dependence often results in social, emotional, physical and behavioral health problems which have significant impact on the individual's life and family functioning. Reduction of these behaviors can improve the individual's functioning in several life domain areas and be a major component in overall recovery.

**Source of Data:** Data will be current CSDS data set for Primary Substance, Frequency of Use. Agreement Identification of CM (Co-Occurring Disorders) or Unknown frequency at either the beginning of the episode of treatment or at the time of reassessment or discharge are not counted in the measurement.

**Method of Calculation:**

The numerator is calculated as follows:

For each adult with a chronic addiction agreement type in the data base with an initial assessment and a reassessment, for primary substance, subtract assessment frequency from reassessment frequency.

The denominator is: Number of adults an initial assessment and a reassessment with a chronic addiction agreement type diagnosis who report use of one or more substances at the time of the initial assessment during the current fiscal year.

Group the results into three groups – negative difference (reduced frequency), zero difference (the same frequency) and positive difference (increased frequency).

$$\frac{\text{Number of adults with negative difference in frequency of use}}{\text{Number of adults with an initial assessment and a reassessment and one or more substances used at the time of the initial assessment}}$$

Converted to a percentage

Calculations will be performed for each provider submitting data to CSDS.

**Target:** The state fiscal year 2008 target performance for each provider will be equal to or greater than the provider performance in state fiscal year 2007.

**Data Limitations:** The data for this measure is either self-reported by the consumer or reported by collateral/referral sources. This measure is only reporting on the primary substance of use. It is known that some persons may decrease use in primary substance while increasing use in secondary/tertiary substance. This change is not captured by this measure.

**Future Consideration Recommendations:** The current definition does not address persons who may increase use during the treatment episode. The change from less use to

more use could become a separate measure, or a ratio between those who had a positive change and those who had a negative change in could be measured.

**Indiana Family and Social Services Administration  
Division of Mental Health and Addiction**

**Process Measure Definitions**

**Adults Served SMI Low Functioning**

**Short Title:** Monthly Number of Adult Consumers with SMI Served – Low Functioning  
**Program:** SMI

**Long Title:** Monthly number of unduplicated adult consumers with serious mental illness whose functioning level is low and who receives one or more services each month

**Definition:** Adult consumers with serious mental illness whose functioning level is low are those individuals whose HAP agreement code is MI1, MI4, MI7, or CM1. A service during the month is defined as one or more encounter records during the month.

**Purpose/Importance:** This measure will be used to monitor provider performance in serving persons based on level of functioning.

**Measure Specific Source of Data:** Data will be the current CSDS data set for Agreement Identification and the encounter data set.

**Method of Calculation:**

This is a simple count of the total number of consumers with Agreement Codes of MI1, MI4, MI7 and CM1 with one or more encounters reported during the month.

**Baseline Calculations:**

Numerator is the sum of the total unduplicated number of consumers receiving one or more services in a month who have Agreement Codes of MI1, MI4, MI7 and CM1 calculated for each month from October 2004 through March 2007 and summed for all months

Denominator is 30 (months)

Sum of the monthly counts of consumers with Agreement Codes MI1, MI4, MI7, and  
CM1 and one or more encounters for the months of October 2004 through March 2007

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30 months

Calculations will result in an average monthly number of persons served and will be performed for each provider submitting data to CSDS.



**Target:** The target performance for each provider in state fiscal year 2008 is not less than 95% of the baseline average monthly served for the provider.

**Data Limitations:** None noted

**Future Consideration Recommendations:** The current definition only looks at persons whose functioning level is low. It does not make a comparison of the ratio of total persons served to persons served whose functioning is low. In the future, in order to measure the balance of persons served, the definition may be changed to reflect this type of ratio.

**Indiana Family and Social Services Administration  
Division of Mental Health and Addiction**

**Process Measure Definitions**

**Adults Served SMI Moderate Functioning**

**Short Title:** Monthly Number of Adult Consumers with SMI Served – Moderate Functioning  
**Program:** SMI

**Long Title:** Monthly number of unduplicated adult consumers with serious mental illness whose functioning level is moderate and who receives one or more services each month

**Definition:** Adult consumers with serious mental illness whose functioning level is moderate are those individuals whose HAP agreement code is MI2, MI3, MI5, MI8 or CM2. A service during the month is defined as one or more encounter records during the month.

**Purpose/Importance:** This measure will be used to establish a baseline of population served and to monitor provider performance in serving persons based on level of functioning.

**Measure Specific Source of Data:** Data will be the current CSDS data set for Agreement Identification and the encounter data set.

**Method of Calculation:**

This is a simple count of the total number of consumers with Agreement Codes of MI2, MI3, MI5, MI8 and CM2 with one or more encounters reported during the month

Baseline Calculations:

Numerator is the sum of the total unduplicated number of consumers receiving one or more services in a month who have Agreement Codes of MI2, MI3, MI5, MI8 and CM 2 calculated for each month from October 2004 through March 2007 and summed for all months.

Denominator is 30 (months)

Sum of the monthly counts of consumers with Agreement Codes MI2, MI3, MI5, MI8  
and CM 2 and one or more encounters for the months of October 2004 through March  
2007

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30 months

Calculations will result in an average monthly number of persons served and will be performed for each provider submitting data to CSDS.

**Target:** The target performance for each provider in state fiscal year 2008 is not less than 90% of the baseline average monthly served for the provider.

**Data Limitations:** None noted

**Future Consideration Recommendations:** The current definition only looks at persons whose functioning level is moderate. It does not make a comparison of the ratio of total persons served to persons served whose functioning is moderate. In the future, in order to measure the balance of persons served, the definition may be changed to reflect this type of ratio.

**Indiana Family and Social Services Administration  
Division of Mental Health and Addiction**

**Process Measure Definitions**

**Adults Served SMI High Functioning**

**Short Title:** Monthly Number of Adult Consumers with SMI Served – High Functioning  
**Program:** SMI

**Long Title:** Monthly number of unduplicated adult consumers with serious mental illness whose functioning level is high and who receives one or more services each month

**Definition:** Adult consumers with serious mental illness whose functioning level is high are those individuals whose HAP agreement code is MI6, MI9, CM3 or CM4. A service during the month is defined as one or more encounter records during the month.

**Purpose/Importance:** This measure will be used to establish a baseline of population served and to monitor provider performance in serving persons based on level of functioning.

**Measure Specific Source of Data:** Data will be the current CSDS data set for Agreement Identification and the encounter data set.

**Method of Calculation:**

This is a simple count of the total number of consumers with Agreement Codes of MI6, MI9, CM3 and CM4 with one or more encounters reported during the month

**Baseline Calculations:**

Numerator is the sum of the total unduplicated number of consumers receiving one or more services in a month who have Agreement Codes of MI6, MI9, CM3 and CM4 calculated for each month from October 2004 through March 2007 and summed for all months.

Denominator is 30 (months)

Sum of the monthly counts of consumers with Agreement Codes MI6, MI9, CM3 and CM4 and one or more encounters for the months of October 2004 through March 2007

30 months

Calculations will result in an average monthly number of persons served and will be performed for each provider submitting data to CSDS.

**Target:** The target performance for each provider in state fiscal year 2008 is not less than 80% of the baseline average monthly served for the provider.

**Data Limitations:** None noted

**Future Consideration Recommendations:** The current definition only looks at persons whose functioning level is high. It does not make a comparison of the ratio of total persons served to persons served whose functioning is moderate. In the future, in order to measure the balance of persons served, the definition may be changed to reflect this type of ratio.

**Indiana Family and Social Services Administration  
Division of Mental Health and Addiction**

**Process Measure Definitions**

**Adults Served CA Low Functioning**

**Short Title:** Average Monthly Number of Adult Consumers with CA Served – Low Functioning  
**Program:** CA

**Long Title:** Average monthly number of unduplicated adult consumers with chronic addiction whose functioning level is low who receives one or more services each month

**Definition:** Adult consumers with chronic addiction whose functioning level is low are those individuals whose HAP agreement code is CA1, CA3, AW1 and AW3. A service during the month is defined as one or more encounter records during the month.

**Purpose/Importance:** This measure will be used to establish a baseline of population served and to monitor provider performance in serving persons based on level of functioning.

**Measure Specific Source of Data:** Data will be the current CSDS data set for Agreement Identification and the encounter data set.

**Method of Calculation:**

This is a simple count of the total number of consumers with Agreement Codes of CA1, CA3, AW1 and AW3 with one or more encounters reported during the month

Calculations will be performed for each provider submitting data to CSDS.

**Baseline Calculations:**

Numerator is the sum of the total unduplicated number of consumers receiving one or more services in a month who have Agreement Codes of CA1, CA3, AW1 and AW3 calculated for each month from October 2004 through March 2007 summed for all months.

Denominator is 30 (months)

$$\frac{\text{Sum of the monthly counts of consumers with Agreement Codes CA1, CA3, AW1 and AW3 for the months of October 2004 through March 2007}}{30 \text{ months}}$$

Calculations will result in an average monthly number of persons served and will be performed for each provider submitting data to CSDS.

**Target:** The target performance for each provider in state fiscal year 2008 is not less than 95% of the baseline average monthly served for the provider.

**Data Limitations:** None noted

**Future Consideration Recommendations:** The current definition only looks at persons whose functioning level is low. It does not make a comparison of the ratio of total persons served to persons served whose functioning is low. In the future, in order to measure the balance of persons served, the definition may be changed to reflect this type of ratio.

**Indiana Family and Social Services Administration  
Division of Mental Health and Addiction**

**Process Measure Definitions**

**Adults Served CA High Functioning**

**Short Title:** Average Monthly Number of Adult Consumers with CA Served –High Functioning  
**Program:** CA

**Long Title:** Average monthly number of unduplicated adult consumers with chronic addiction whose functioning level is high who receives one or more services each month

**Definition:** Adult consumers with chronic addiction whose functioning level is high are those individuals whose HAP agreement code is CA2, CA4, AW2 and AW4. A service during the month is defined as one or more encounter records during the month.

**Purpose/Importance:** This measure will be used to establish a baseline of population served and to monitor provider performance in serving persons based on level of functioning.

**Measure Specific Source of Data:** Data will be the current CSDS data set for Agreement Identification and the encounter data set.

**Method of Calculation:**

This is a simple count of the total number of consumers with Agreement Codes of CA2, CA4, AW2 and AW4 with one or more encounters reported during the month

Calculations will be performed for each provider submitting data to CSDS.

**Baseline Calculations:**

Numerator is the sum of the total unduplicated number of consumers receiving one or more services in a month who have Agreement Codes of CA2, CA4, AW2 and AW4 calculated for each month from October 2004 through March 2007 summed for all months.

Denominator is 30 (months)

$$\frac{\text{Sum of the monthly counts of consumers with Agreement Codes CA2, CA4, AW2 and AW4 for the months of October 2004 through March 2007}}{30 \text{ months}}$$

Calculations will result in an average monthly number of persons served and will be performed for each provider submitting data to CSDS.



**Target:** The target performance for each provider in state fiscal year 2008 is not less than 80% of the baseline average monthly served for the provider.

**Data Limitations:** None noted

**Future Consideration Recommendations:** The current definition only looks at persons whose functioning level is high. It does not make a comparison of the ratio of total persons served to persons served whose functioning is low. In the future, in order to measure the balance of persons served, the definition may be changed to reflect this type of ratio.

**Indiana Family and Social Services Administration  
Division of Mental Health and Addiction**

**Process Measure Definitions**

**Youth Served SED and CA**

**Short Title:** Monthly number of youth served      **Program:** All youth (SED and CA)

**Long Title:** Monthly number of consumers aged 0 - 17 that are served during each month of the fiscal year

**Definition:** This measure captures the number of youth under age 18 served. Served is defined as one or more encounters with a number value during the fiscal year.

**Purpose/Importance:** This measure will be used to establish a baseline of population served and to monitor provider performance in serving youth.

**Measure Specific Source of Data:** Data will be the current CSDS encounter data set.

**Method of Calculation:**

This is a simple count of the total number of youth with one or more encounters reported during the month

Baseline Calculations:

Numerator is the sum of the total unduplicated number of youth aged 0 - 17 receiving one or more services in a month calculated for each month for the months of October 2004 through March 2007.

Denominator is 30 (months)

Sum of the monthly counts of youth aged 0 – 17 with one or more encounters for the  
months of October 2004 through March 2007

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30 months

Calculations will result in an average monthly number of youth served and will be performed for each provider submitting data to CSDS.

**Target:** The target performance for each provider in state fiscal year 2008 is not less than 90% of the baseline average monthly served for the provider.

**Data Limitations:** None noted

**Future Consideration Recommendations:** Beginning in state fiscal year 2009, this measure should be modified to reflect services to youth with SED based on intensity of level of care assessed.

**Indiana Family and Social Services Administration  
Division of Mental Health and Addiction**

**Process Measure Definitions**

**Reassessment (Adults)**

**Short Title:** Percentage of reassessments completed

**Program:** All Adults

**Long Title:** Percentage of reassessments for adults receiving mental health and/or addiction treatment completed and submitted to DMHA at discharge or after six months (or less) of treatment.

**Definition:** Reassessment includes updating demographic information as defined in CSDS and reporting current and updated information on the client in the following Outcome areas:

- Living Arrangement
- Employment
- Substance Usage data (primary, secondary and tertiary substances, route of ingestion, frequency of use/intake, and age at first use/intoxication)
- ACT
- Criminal Activity
- Supported Employment
- Integrated Dual Diagnosis Treatment
- Illness Management and Recovery
- Supported Housing

Reassessments are required at the time of discharge from an episode of care or following 6 months of treatment. Reassessments during state fiscal year 2008 will be based on date of enrollment and/or reassessment completed since January 2007.

**Purpose/Importance:** Reassessment data for persons who receive services from the mental health and addiction system is necessary to evaluate the outcomes experienced by the consumer.

**Measure Specific Source of Data:** Data will be the current CSDS data set.

**Method of Calculation:**

For state fiscal year 2008, the Provider Reassessment Frequency Report for Adults will be generated each month of the fiscal year beginning in August 2007. The August 2007 report will calculate when the reassessment was completed for persons enrolled in January 2007 (Prior to Admission, Same Day as Admission, < 3 months, 3-6 months, 7 months, 8 months, 9 months, > 9 months).

The calculation is the percentage of registered consumers who have a reported reassessment within 7 months of initial registration.

Numerator is total number of reassessments within 7 months (Prior to Admission + Same Day as Admission, + < 3 months, + 3-6 months, + 7 months)

Denominator is total number of consumers with initial assessment or a reassessment in the prior 7 months.

$$\frac{\text{Total number of reassessments within 7 months}}{\text{Total number of consumers with initial assessment or a reassessment in the prior 7 months}}$$

**Target:** The target performance for each provider of services to adults with mental illness or an addiction during state fiscal year 2008 will be: 80% of all adults will have either a discharge reassessment or a 180 day reassessment within 7 months of last assessment.

**Data Limitations:** Some consumers drop out of services before the clinician can reassess the status of the consumer. Currently the majority of discharges are administrative requiring no reassessment. In order to minimize the percentage of episodes of care ending with no reassessment, the data requirements for an administrative discharge will need to allow for submission of partial data or elimination of administrative discharges from the calculation.

**Future Consideration Recommendations:** None noted.

**Indiana Family and Social Services Administration  
Division of Mental Health and Addiction**

**Process Measure Definitions**

**Reassessment (Youth)**

**Short Title:** Percentage of reassessments completed

**Program:** Youth (SED and CA)

**Long Title:** Percentage of reassessments for youth receiving mental health and/or addiction treatment completed and submitted to DMHA at discharge and after six months (or less) of treatment.

**Definition:** During state fiscal year 2008, all children/adolescents receiving services through the mental health and addiction system will have a CANS assessment at admission to an episode of care and a CANS reassessment as needed but at least every 6 months. In addition to submission of CANS reassessment information, other information such as demographic data and ROLES updates as defined in CSDS are part of the reassessment reporting.

**Purpose/Importance:** Reassessment data for persons who receive services from the mental health and addiction system is necessary to evaluate the outcomes experienced by the consumer.

**Source/Collection of Data:** DMHA is developing a CANS database for collection of CANS assessments and reassessments. All children served by a provider under contract with DMHA will have a comprehensive CANS assessment at the beginning of each episode of care and a CANS reassessment every six months of care or sooner if the level of care determination changes to a more restrictive level. This data will be the source for calculation of this performance measure.

**Method of Calculation:**

The Provider Reassessment Frequency Report for Youth will be generated each month of the fiscal year beginning in February 2008. The February 2008 report will calculate when the reassessment was completed for youth registered in July 2007 (Prior to Admission, Same Day as Admission, < 3 months, 3-6 months, 7 months, 8 months, 9 months, > 9 months).

The calculation is the percentage of registered consumers who have a reported reassessment within 7 months of initial registration.

Numerator is total number of reassessments within 7 months (Prior to Admission + Same Day as Admission, + < 3 months, + 3-6 months, + 7 months)

Denominator is total number of consumers with initial assessment or a reassessment in the prior 7 months.

$$\frac{\text{Total number of reassessments within 7 months}}{\text{Total number of consumers with initial assessment or a reassessment in the prior 7 months}}$$

**Target:** The target performance for each provider of services to youth with mental illness or an addiction during state fiscal year 2008 will be: 80% of all youth will have either a discharge reassessment or a 180 day reassessment within 7 months of last assessment.

**Data Limitations:** Some consumers drop out of services before the clinician can reassess the status of the consumer. Currently the majority of discharges are administrative requiring no reassessment. In order to minimize the percentage of episodes of care ending with no reassessment, the data requirements for an administrative discharge will need to allow for submission of partial data or elimination of administrative discharges from the calculation.

**Future Consideration Recommendations:** None noted.

**Indiana Family and Social Services Administration  
Division of Mental Health and Addiction**

**Process Measure Definitions**

**Timely and Complete Data**

**Short Title:** Submission of timely and complete data

**Program:** All

**Long Title:** Percentage of encounter data submitted to CSDS that is received in CSDS within 44 days of the end of the month in which the service occurred.

**Definition:** Timely submission of data is defined as data entered into CSDS within 44 days of the end of the month in which the service (encounter) occurred. Complete data is defined as passing the CSDS edit checks. Since data cannot be submitted that is incomplete, all data that is stored in CSDS is considered complete even though it may not be fully accurate.

**Purpose/Importance:** The performance based contracting process must rely on the data submitted to CSDS by the providers under contract with DMHA. Data that is submitted late will result in the performance measurements for the provider being inaccurate and payments for performance being inaccurate.

**Measure Specific Source of Data:** Data will be the current CSDS data set for Agreement Identification and the encounter data set.

**Method of Calculation:**

For each provider, the number of days between the date of the encounter and the submission of the data to CSDS is calculated for each encounter record submitted. These counts are grouped into 0-44 days from end of month, 45-60 days from end of month, and 61 or more days from end of month. The total number of records is the total of the three groups. A percentage for each group is calculated. The calculation will be performed each month and will include all encounter records from the beginning of the fiscal year resulting in year-to-date reporting.

The numerator is number of encounter records submitted 0-44 days from end of month of service OR number of encounter records submitted 45-60 days from end of month of service OR number of encounter records submitted 61 or more days from end of month of service.

The denominator is total number of encounter records submitted year to date.

$$\frac{\text{Number of encounter records submitted 0-44 days from end of month of service}}{\text{Total number of encounter records submitted year to date}}$$



**Target:** During the first six months of state fiscal year 2008, the target performance for each provider will be 80% of all encounter data submitted within 44 days of the end of the month in which the service (encounter) occurred, beginning with data submitted in July 2007. During the last six months of state fiscal year 2008, the target performance for each provider will be 90% of all encounter data submitted within 44 days of the end of the month in which the service encounter occurred.

**Data Limitations:** Historically, some providers have not submitted data within prescribed timeframes. This performance measure changes the submission requirements and will require some providers to change the frequency with which they submit data.

**Future Consideration Recommendations:** In fiscal year 2009, the submission requirement should be changed to “by the end of the month following the month in which the service encounter occurred.

**Version Changes**  
As of May 16, 2007

1. Added a section after the Introduction for definitions and other data reporting information.
2. Cleaned up calculations based on feedback from providers.
3. Clarified all definitions regarding the requirements for two sets of assessment information – at beginning of episode of care and at reassessment which is submitted for any reason.
4. Major measure specific changes

<b>Measure</b>	<b>Changes from March 1, 2007 version</b>
Employment	Clarified that “Not in Labor Force” and “Unknown” statuses are excluded from calculations.
Housing SMI and CA	Clarified that “Unknown” status is excluded from calculations
Decrease in Use CA	Clarified that Co-Occurring agreement identification and “Unknown” frequency of use are excluded from calculations.
Adults Served SMI Low Functioning	Retained numbers served from the December 4, 2006 version rather than percentage served in the January document. Increased target performance to 95% of baseline.
Adults Served SMI Moderate Functioning	Retained numbers served from the December 4, 2006 version rather than percentage served in the January document. Also retained the target performance of 90% of baseline.
Adults Served SMI High Functioning	New measure created with target performance of 80% of baseline.
Adults Served CA Low Functioning	Retained numbers served from the December 4, 2006 version rather than percentage served in the January document. Increased target performance to 95% of baseline.
Adults Served CA High Functioning	New measure created with target performance of 80% of baseline
Youth Served	Clarified target performance as 90% of baseline.
Timely and Complete Data	Changed target to 44 days from the end of the month in which services were provided. Also rewrote the method of calculation to clarify how the measure is calculated throughout the year.